

BREMEN PARKS & RECREATION DEPARTMENT
PROGRAM EVALUATION RECORD

DATE: _____ NAME OF INSTRUCTOR: _____

PROGRAM _____ YOUR NAME (OPTIONAL) _____

ADDRESS _____ PHONE NUMBER _____

1. GOOD POINTS OF PROGRAM _____
_____2. BAD POINTS OF PROGRAM _____
_____3. SUGGESTIONS FOR PROGRAM IMPROVEMENTS _____
_____4. GOOD POINTS OF INSTRUCTOR _____
_____5. BAD POINTS OF INSTRUCTOR _____
_____6. ON A SCALE FROM 1 TO 10 (1 BEING POOR AND 10 BEING GREAT) HOW WOULD YOU
RATE YOUR INSTRUCTOR. PLEASE CIRCLE

1 2 3 4 5 6 7 8 9 10

7. WHAT DID YOU THINK OF THIS PROGRAM _____
_____8. ON A SCALE FROM 1 TO 10 (1 BEING POOR AND 10 BEING GREAT) WHAT WOULD YOU
GIVE THIS PROGRAM. PLEASE CIRCLE

1 2 3 4 5 6 7 8 9 10

9. HOW DID YOU LEARN ABOUT THIS PROGRAM? NEWSPAPER _____ RADIO _____
FRIEND _____ OTHER _____ (DESCRIBE) _____10. LIST ANY NEW PROGRAMS THAT YOU WOULD LIKE OFFERED: _____
